



Date: _____

Case #: _____

PARSONS PET HOSPITAL SURGERY RELEASE FORM

CLIENT: _____

PATIENT: _____

SURGERY PROCEDURE(S): _____

I, being responsible for the above described animal, having been informed of the needed procedure and estimated cost, if discussed prior to procedure, consent to the above procedure(s) and any additional services/procedures marked below. You are to use all reasonable precautions against injury and/or death. I understand the potential risks of these procedures and that otherwise is beyond anyone's control. I also understand that basic CPR will be provided for any life-threatening reason at no cost to the client. If I agree to additional lifesaving and comprehensive services, there will be additional fees. **I DO AGREE THAT ALL FEES/COSTS WILL BE PAID FOR UPON COMPLETION OF ALL SERVICES/PROCEDURES REGARDLESS OF ANY SITUATION/COMPLICATIONS, OR THE UNTIMELY DEATH OF THE ABOVE PATIENT.**

YOU HAVE MY PERMISSION TO PERFORM THE ABOVE-NAMED SURGERY AND ANY ADDITIONAL SERVICES I HAVE CHECKED BELOW.

YES _____ take all precautions necessary to save my animal's life.

NO _____ do not go beyond CPR for my animal.

LASER USE: Laser is an option for surgeries like spay/neuter. The benefits are: less pain, nerve ending sealed, less bleeding, blood vessels sealed, less swelling, lymphatic vessels sealed, lower infection rate, tissues are ablated rather than cut. Additional costs for this procedure, depending on the type of surgery, and how major the surgery is: \$40.00 - \$125.00.

YES _____ sign me up for LASER. NO _____ I would prefer NOT to do laser.

We will automatically do cold laser therapy, post surgically. This will speed up healing time, alleviate chronic pain, relieve joint pain and more. This is required on most surgeries and is automatically itemized on your bill. The price of cold laser therapy is \$12.50 and will be added to your final fees.

BLOOD TESTS: Blood tests allow the Dr. and you to understand the overall condition of your pet and may provide more answers than what a regular physical exam would. Including, but not limited to the liver/kidneys. Please know that this is **NOT** a required procedure, and feel free to discuss this issue with the staff.

BLOOD PROFILE: _____ MAJOR: \$91.16 _____ MINOR: \$75.00 _____ NO, I PREFER NO BLOODWORK

NAIL TRIM: At times, this can be the best way to trim the nails and to prevent stress, scratching, biting, or complications. And, it is easier/safer for us, and you! Please circle one of the below.

NAIL TRIM: YES NO (cost is \$5.00)

BIOPSY: Mass/Tumor removal may require for a sample to be tested at a reputable lab. This is to determine future treatment if needed. In order for us to do this, we must have your permission to do so. Please circle one of the below.

BIOPSY: YES NO

SIGNATURE OF RESPONSIBLE PERSON: _____ TEL#: _____

